

16 June 2004

Training
ENLISTED INITIAL ENTRY TRAINING (IET) POLICIES AND ADMINISTRATION

Summary. This is a change to TRADOC Regulation 350-6, 15 August 2003. This change updates policies and adds an index to the regulation.

Applicability. This regulation applies to all Active Component (AC) and Reserve Component (RC) enlisted IET conducted at service schools, Army training centers (ATCs), and other training activities under the control of Headquarters (HQ), United States Army Training and Doctrine Command (TRADOC). Send requests for exemptions from provisions of this regulation to HQ TRADOC (ATTG-E) for approval. The following provisions of the regulation are punitive and violations may subject offenders to judicial or nonjudicial punishment under Article 92 of the Uniform Code of Military Justice: paragraphs 2-2c, 2-7, 2-11a and b, 3-21c, 3-26, 3-48, and D-2a(2).

Supplementation. Supplementation of this regulation is not authorized without prior approval from Commander, TRADOC (ATTG-E), 5 Fenwick Road, Fort Monroe, VA 23651-1049. Subordinate commands and organizations may issue local policy memorandums, directives, instructions, and similar guidance, without advance approval of HQ TRADOC, in order to implement locally the standards and policies of this regulation.

Suggested improvements. The proponent of this regulation is the Deputy Chief of Staff for Operations and Training (DCSOPS&T). Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) through channels to Commander, HQ TRADOC (ATTG-E), 5 Fenwick Road, Fort Monroe, VA 23651-1049. Suggested improvements may also be submitted using DA Form 1045 (Army Ideas for Excellence Program (AIEP) Proposal).

Availability. This publication is available only on the TRADOC Homepage at <http://www.tradoc.army.mil/tpubs/regndx.htm>.

1. Change TRADOC Reg 350-6, 15 August 2003, as follows:

Table of contents. Change title of paragraph 3-23 to "Medical/dental processing." Renumber paragraphs 3-28 through 3-49 to 3-29 through 3-50, and add new paragraph 3-28, "Prevention of environmental injuries."

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Paragraph 2-1, subparagraph a(3). Insert between the sixth and seventh sentence: “At this time, soldiers satisfying all requirements to complete Phase III are awarded the black beret.”

Paragraph 2-10, subparagraph e. Delete the third and fourth sentences.

Paragraph 3-15, subparagraph c. In the first sentence, change “7 days” to “14 days.”

Paragraph 3-22, subparagraph b. Delete subparagraphs (1) through (3). Replace with:

“(1) The commander or authorized representative or, if necessary, medical treatment facility (MTF) personnel issues DD Form 689 (Individual Sick Slip).

(a) In order to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA), units will limit pre-sick call questioning to information needed to complete the top portion of the sick slip (that is, the soldier identification data, date, unit, and “Illness” or “Injury” boxes). Alternatively, trainees may annotate this information themselves (see AR 40-66, paragraphs 13-2 and -3). Units can and should inquire as to the severity of the illness or injury to determine if the soldier can move on foot to sick call with another soldier, or whether transportation is required to deliver the soldier to sick call. Provide for soldiers’ privacy when they complete personal information and “Remarks” sections stating the reason why they want to go on sick call. Disclosure of information on the completed sick slip or physical profile is limited to the commander and other persons the commander designates to receive protected health information in order to carry out an activity under the authority of the commander. Provide for space among the soldier’s belongings where he/she may store authorized prescription medications outside the view of others and not subject to display on inspections.

(b) In the “Unit Commander’s Section,” “Remarks” block, enter the circumstances and time and date of the condition (for example, “Injured left knee from fall off confidence tower, 1030 hours, 15 Jan 04.”). Request that specific information is provided (for example, “Determine whether soldier may stand guard for 2-hour period.”).

(c) Under “Medical Officer’s Section,” “Disposition of Patient” block, dispositions are defined as:

- DUTY: When the patient is returned to his/her unit for full duty without restrictions.
- QUARTERS: When the soldier is returned to his/her unit or barracks for medically directed self-treatment (including rest in bed, if appropriate) and is not to perform military duty until a health care provider indicates that he/she may perform such duties. (Note: The health care provider should indicate in the “Remarks” section the duration of the quarters status in number of hours, and indicate the inclusive period, for example, “Quarters, 24 hours, 0730, 12 Jan 04 until 0730, 13 Jan 04.”). Quarters status will normally not exceed 72 hours. The terms “isolation” and “quarantine” normally pertain to hospitalized patients and are not used on the sick slip.
- HOSPITAL: When the soldier is admitted to a hospital for inpatient care.

- NOT EXAMINED: If checked, explain in “Remarks” block (for example, “To report to eye clinic at 0900 hours 30 Jan 04.”).
- OTHER: Use by itself or in conjunction with any of the other disposition instructions above. Check this block when a temporary profile is assigned.

(d) Under “Medical Officer’s Section,” “Remarks” block, include the time and date the soldier was released for the disposition indicated. If a temporary profile is assigned, note specific limitations (for example, “No wearing of combat boots for 10 days.”). The examiner may also use this area to enter other comments to the patient’s commander. See paragraph 4-3f(2) for more information on profiles written on the sick slip.

(e) The “Medical Officer’s Section,” “Signature of Medical Officer” block requires the signature of the examining official or his/her authorized representative.

(f) A sample DD Form 689 is shown at figure H-2.

(2) Modified DD Form 689 (for example, “IET Sick Slip,” produced locally) gives cadre more specific recommendations. Subparagraphs (1)(a) and (b), above, provide rules on completing personal information on the modified sick slip. An example of a modified form from the U.S. Army Training Center (USATC) is shown at figure H-4.

(3) DA Form 3349 (Physical Profile) is used to record both permanent profiles and temporary profiles in excess of 30 days in duration. Temporary profiles written on DA Form 3349 will not exceed 3 months in duration, except in specific circumstances outlined in AR 40-501, chapter 7. A sample DA Form 3349 is shown at figure H-3. For more information on profiles written on the physical profile form, see paragraphs 4-3f(1) and (2).

(4) In cases of accident or injury, the unit uses TRADOC Form 385-2-5-R-E (Record of Injury) in place of DD Form 689. Units will ensure that all individuals injured during training or mission sustainment report to troop medical facilities with a completed TRADOC injury form. The supervisor (military or civilian) completes and gives Section I of this form to the injured person or medical transport personnel if the individual is incapacitated. The form is taken to the MTF and given to the medical officer or attendant performing medical treatment. Detailed guidance on the use of this form is contained in TRADOC Reg 385-2, paragraph 2-3c. A sample TRADOC Form 385-2-5-R-E is shown at figure H-1.”

Paragraph 3-23. Delete entire paragraph and replace with: “**3-23. Medical/dental processing.**

a. Army Regulation 612-201 governs medical processing of initial entry personnel. Table 3-2 reinforces established policy.

Table 3-2
Schedule

Item	Action required	Day 1	Day 2	Day 3
1.	Receive record of immunization from receptee's childhood and adolescence, if brought by receptee.	x		
2.	Conduct briefing on TRICARE benefits.*	x		
3.	Enter date of medical examination conducted at Military Entrance Processing Station (MEPS) into Medical Occupational Data System (MODS).	x		
4.	Ensure receptee, including RC personnel, has documentation recording a test for human immuno-deficiency virus (HIV) antibody within the previous 6 months. Enter date of HIV test performed at MEPS in MODS.	x		
5. (see para 3-28a)	Issue the following items: a. Lip balm (for example, ChapStick®). b. Foot powder. c. Insect repellent containing N,N-diethyl m-toluamide (DEET) (Mar thru Oct). d. Hand-sanitizing gel containing alcohol (4-ounce containers). e. Sunscreen.	x x x x x		
6.	Administer Tuberculin Skin Test (TST) with purified protein derivative and enter test into record and MODS.	x		
7.	Collect blood sample for group and type determination.	x		
8.	Collect laboratory specimen for deoxyribonucleic acid (DNA) identification.	x		
9.	Obtain blood specimen for HIV testing for receptee who does not have documentation of HIV test within the past 6 months (see item 4, above).	x		
10.	Conduct audiometric screening, as required.	x		
11.	Fit preformed, permanent rubber earplugs (single or triple flange) and issue earplugs.	x		
12.	Obtain dental panographs.	x		
13.	Fit and issue mouth guards.	x		
14.	Conduct pregnancy screening for females arriving for BCT.	x		
15.	Conduct physical inspection and partial medical examination when required (see AR 612-201, para 2-10).	x		
16.	Conduct Medical Moment of Truth Briefing.**	x		
17.	Conduct eye examination when MEPS examination shows visual acuity worse than 20/20 in either eye; and/or receptee has worn glasses in the past; and/or for receptee who reports current problems with vision.	x		
18.	Obtain result of blood group and type test and enter result into record and MODS.			x
19.	Read TST and enter result into record and MODS.			x
20.	Obtain result of pregnancy test and enter result into record and MODS.			x
21.	Confirm completion of HIV test drawn on day 1 (see item 9), then enter HIV test date in the record and MODS.			x
22.	Administer immunizations to receptee who has documented negative HIV tests within the past 24 months (see AR 600-101) and negative pregnancy test (females). (See AR 40-562 and Recommended Adult Immunization Schedule, United States, for current year.***) Enter data into record and MODS.			
	a. Influenza (beginning in Oct and extending through expiration date of vaccine, typically Jun).			x
	b. Measles, Mumps, Rubella.			x
	c. Meningococcus.			x
	d. Polio.			x
	e. Tetanus/Diphtheria.****			x
	f. Hepatitis B.****			x
	g. Varicella (Chicken Pox).****			x
	h. Benzathine penicillin G (installation director of health services determines requirement).			x
<p>* Should be given by health benefits advisor from the servicing medical department activity (MEDDAC). ** See http://tradocfs.monroe.army.mil/surgeon/medicalmomentof-1/default.htm *** See http://www.cdc.gov/nip/recs/adult-schedule-2page.pdf **** Administer if receptee does not provide documentation of childhood and adolescent immunization.</p>				

b. If the RECBN medical staff discovers a vaccine is unavailable and they are unable to immediately rectify the deficiency, generate a Critical Command Information Requirement to the U. S. Army Medical Command (MEDCOM) and TRADOC chain of command.

c. Reception battalion medical staff will conduct a weekly review of Medical Protection System data entries of the previous week, and report discrepancies exceeding 10 percent to the chain of command. If discrepancies exceed 10 percent on any given day, a 100 percent analysis of the week's MODS entries is required.”

Insert new paragraph 3-28. Change numbering of existing paragraphs 3-28 through 3-49 to 3-29 through 3-50 and add new paragraph 3-28:

“3-28. Prevention of environmental injuries.

a. Commanders will ensure that soldiers maintain and use personal items for protection against communicable illness, noise, biting insects, sun damage, and dental injuries. These are issued at the RECBN (see table 3-2, item 5) or at the training company. In case of loss (that is, ear plugs and mouth guard) or depletion (hand sanitizing gel, insect repellent, sunscreen, foot powder, and lip balm), commanders will ensure the items are replaced.

b. Soldiers will fit and wear their mouth guards throughout engagement in physical performance of the following activities:

- (1) Confidence obstacle course.
- (2) Hand-to-hand combat.
- (3) Rifle bayonet training, including pugil fighting.

c. Soldiers will sear the sock liner (dress sock) beneath the cushion-sole sock when wearing boots—

- (1) During the first 3 weeks of training.
- (2) For any foot march greater than 5 kilometers in length.

d. Soldiers will use hand-sanitizing foam or gel in garrison and in the field after using the latrine, before touching food, and after sneezing, nose blowing, or coughing.”

Paragraph 3-31, subparagraph a(3). In the first sentence, after “Unit commanders” add “and CSMs.”

Paragraph 3-46. Add subparagraph e:

“e. Use amnesty procedures to ensure accountability of soldier’s belongings and secure any/all prescription medication. Seek the advice of competent authority at the supporting medical treatment facility on the soldier’s requirement for continued use of the secured prescription medication. If recommended by a competent medical authority, allow soldier to retain appropriate prescription medications and self medicate. If a soldier is determined a risk to himself/herself or others, cadre should confiscate all medications and issue the appropriate dose, according to the prescribed schedule. Identify and secure items with which the soldier might harm themselves or others. Do not permit the soldier to handle firearms.”

Paragraph 3-48, subparagraphs b(3) and (4). Delete subparagraphs (3) and (4) and replace with:

“(3) No fundraising activities that directly involve IET soldiers, as primary or sole customers, are conducted during the training cycle by IET units, informal funds, or family support groups/private organizations associated with IET units. Family support group activities, such as bake sales at the commissary, Post Exchange Mall, or other public locations, would not violate this provision, because the activities are aimed at a wide range of patrons, not solely IET soldiers.

(4) Initial Entry Training soldiers cannot be the sole or primary customers of special morale, welfare, and recreation events (for example, summer concert series). This does not prohibit the patronage of traditional installation recreation services such as the bowling alley, outdoor recreation, and the movie theater.”

Add paragraph 3-51. “**3-51. Combat lifesaver training and utilization.**

a. Combat lifesaver certified personnel and CLS aid bags are required on the following basis:

(1) In RECBNs and BCT/OSUT units, at least one CLS-certified drill sergeant or cadre member and one CLS aid bag per platoon.

(2) In AIT units, at least one CLS-certified drill sergeant or cadre member and one CLS aid bag per company.

b. Commanders will coordinate training schedules for the CLS course and annual recertification with supporting medical instructor organizations or MEDDAC.

c. Commanders will establish accountability for CLS medical equipment sets (aid bags) and supplies through their supply sergeants. Accomplish supply and resupply of CLS aid bags through class VIII accounts with the supporting MEDDAC.”

Paragraph 4-3c(2)(b). At the end of subparagraph (b) add: “Commanders have the authority to award credit to soldiers passing the diagnostic APFT with 60 points or better in each event (total of 180), based on the soldiers performance and recommendation from the chain of command.”

Paragraph 4-3. Add subparagraph f:

“f. Soldiers with physical profiles.

(1) Soldiers with documented physical limitations require special PT programs. Unit leaders will maintain a positive approach to all special fitness training. The program will:

(a) Support components of fitness the soldier can continue to develop through the profile period. All profiled soldiers should take part in as much of the regular fitness program as they can. Substitute appropriate activities to replace those regular activities in which they cannot participate. The activity levels of soldiers usually decrease while they are recovering from sickness or injury. It is important for soldiers to engage in whatever cardiorespiratory fitness activities they can, and pay special attention to their diets, to avoid gaining body fat.

(b) Permit the soldier to rest injured parts of the body as recommended by medical personnel.

(c) Rehabilitate specific parts of the body guided by recommendations from medical personnel.

(2) The primary sources of guidance for profiled soldiers' PT are:

(a) DD Form 689, which prescribes simply-stated limitations (for example, "No running, jumping, or marching") for a brief period of time (no more than 30 days). It will usually not contain prescriptive activities. The soldier can perform any other activity (in the same example, the soldier may do most warm-up exercises, all stretches, most calisthenics, all muscle fitness activities, and may walk).

(b) DA Form 3349, which prescribes more extensive limitations (for example, "No running, marching, jumping, climbing, crawling, or repetitive knee flexion") and/or is used if the profile is for a more than 30 days. It uses check-off boxes to specify both limited activities and prescribed activities.

(c) A local version of a profile form, for example, "IET Sick Slip" the installation provides. Used instead of DD Form 689, this form contains more activities specific to the IET environment. See figure H-4 for an example of DD Form 689.

(d) Handout from the MTF, showing specific rehabilitative activities for the soldier. These may include stretches and/or muscle fitness activities not found in FM 21-20, or may prescribe a regimen for graduated return to activity (for example, walk no farther than 1/4 mile on day 1; walk no farther than 1/2 mile on day 2; and so forth).

(3) Secondary sources of guidance for a soldier's profile PT program are health care providers, and/or physical therapists at the supporting MTF. The commander or unit representative should consult these professionals for any assistance required in individual and unit programs."

Appendix A. Add to section II:

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“DA Pam 350-59

Army Correspondence Course Program Catalog”

Glossary. Add the following acronyms:

“HIV	human immuno-deficiency virus
MEDDAC	medical department activity
MEPS	Military Entrance Processing Station
MODS	Medical Occupational Data System
TST	Tuberculin Skin Test”

Delete:

“PCU Physical Conditioning Unit”

Appendix H, paragraph H-1a. Delete subparagraphs (1) and (3).

Appendix H, paragraph H-1b(2). Delete the words “the PCU,” and “or the APFT completion program.”

Appendix H, paragraph H-3. Delete entire paragraph. Replace with:

“H-3. Physical Training Rehabilitation Program.

a. The mission of the PTRP is to rehabilitate and physically prepare soldiers that become injured after assignment to a training unit. Army training centers establish a PTRP using the guidelines below:

(1) Soldiers assigned to the PTRP meet the entrance criteria listed in paragraph 4-4b(1).

(2) Drill sergeants conduct the soldier’s rehabilitation program based on guidance from the physical therapist or other medical personnel.

(3) Do not exceed the minimum drill sergeant-to-trainee ratio of 1:15.

(4) Train and billet PTRP soldiers separately when the PTRP is collocated with the APFT completion program.

b. Entrance guidelines:

(1) Once the commander approves a soldier’s enrollment in the PTRP, the soldier’s losing unit contacts the FTU commander or first sergeant to coordinate the reassignment of the soldier prior to transport. The losing unit transports soldiers to the PTRP.

(2) Soldiers must have the following to in-process at the PTRP:

(a) [TRADOC Form 385-2-5-R-E](#) (Record of Injury) (fig H-1), and the current profile with recommendation to PTRP, along with signature from a physical therapist. The profile is recorded on a [DD Form 689](#) if for 30 days or less (fig H-2), or on a [DA Form 3349](#) if profile is in excess of 30 days (fig H-3). Commandants may elect to modify the DD Form 689 to give cadre more specific recommendations. An example from the USATC at Fort Jackson is shown at fig H-4.

(b) Counseling statements from company commander/first sergeant recommending PTRP.

(c) Memorandum of recommendation for PTRP from battalion commander/CSM.

(d) Orders assigning soldier to the PTRP.

(e) Clothing record with all items listed, and personal items. Soldier must have the “pink slip” for items at the laundry service.

(f) Dental and medical records.

(g) Physical training card.

(h) Identification card and tags.

(i) Diskette with training records and/or hard copy.

(j) Any personal items in the company safe.

(3) For acceptance into the PTRP, USAR, and ARNG STO 1 soldiers must have MRDs that allow sufficient time to finish healing and complete BCT. If the RC LO cannot get the MRD extended, or the soldier will not extend the MRD, they are not accepted into the PTRP and are processed ICW the RC LO.

c. Exit guidelines.

(1) A medical officer will refer soldiers failing to make normal physical progress to the soldier’s commander.

(2) Soldiers reentering training after 5 weeks must score at least 50 points in each event (total score of 150) on the APFT.

(3) A physical therapist or appropriate medical officer will clear soldiers for return to training.

(4) The training brigade commander determines the soldier’s placement in training, and their unit assignment, upon completion of PTRP. Give consideration to the amount of time spent in the PTRP, acclimatization needed for the particular phase and rigors of training the soldier is entering, and the amount of retraining required due to learning decay.

(5) The PTRP transports the soldier to the gaining unit.”

Paragraph H-4. Delete entire paragraph.

Table M-1. Add the following category under ‘Individual’:

TRAINING	INJURY	MEDICAL SUPPORT REQUIRED	SOURCE	STANDARD
INDIVIDUAL				
Physical Training	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS
	Extremity Trauma	Bandages/Splints/Fluids	CLS	

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2. Post these changes per DA Pam 25-40.

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